

Department of Human Services

Disclosures of Protected Health Information (PHI)

Name:	Case Number:
Division/Facility:	Location of Record:

Date Disclosed	Name & Location of Person/Entity Receiving PHI	PHI/Information Disclosed	Purpose of Disclosure	Disclosed by:

Instructions:

Note the following:

1. Date of disclosure
2. Name & address, if known, of the individual or entity receiving the information
3. A brief description of the information (for example: psychological evaluation)
4. A brief explanation of the purpose (for example: in response to a Court Order)
5. Signature of the person making the disclosure

What to record:

Record any disclosures of Protected Health Information *not otherwise allowed*:

- a. by client's authorization
- b. to carry out treatment, payment, or health care operations

Examples of PHI provided by DHS Staff needing to be logged (see DHS policy #DHS-100-02 Client Privacy Rights):

1. Information to a public health official (other than staff employed for public health functions) such as the reporting of disease or injury.
2. Information in response to mandatory child or elder abuse reporting laws (other than protective services staff who respond to such report) to an entity authorized by law to receive the abuse report.
3. Information from an individual's record in response to an audit or review (whether financial or quality of care or other audit or review) of a provider or contractor.
4. Information from an individual's records in relation to licensing or regulation or certification of a provider or licensee or entity involved in the care or services of the individual.
5. Information about an individual that is ordered to be disclosed pursuant to a court order in a court case or other legal proceeding - include a copy of the court order with the accounting.
6. Information about an individual provided to law enforcement officials pursuant to a court order – include a copy of the court order with the accounting.
7. Information about an individual provided by DHS staff to avert a serious threat to health or safety of a person.

This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Contact DHS at: Phone (605) 773-5990 or fax (605) 773-5483